

2019



Mecklenburg County Benefits Brochure



Bi-Weekly Rates	County's Premium for employee only coverage	Employee		Employee & Child(ren)		Employee & Spouse		Employee & Family	
Non Wellness									
PPO	\$304.14	\$81.36	\$96.15	\$155.17	\$183.38	\$194.02	\$229.30	\$295.04	\$348.68
HSA	\$317.54	\$61.23	\$72.36	\$120.36	\$142.24	\$148.98	\$176.06	\$223.37	\$263.98

Medical Plan Choices for 2019		
	PPO Plan	HSA Plan
Deductible (Single/Family)		
<i>In-Network</i> Deductible (Single/Family)	\$600/\$1,200	\$1,600/\$3,200
<i>Out-of-Network</i> Deductible (Single/Family)	\$1,500/3,000	\$3,200/\$6,400
HSA Seed (Single/Family)	N/A	\$750/\$1,500
Coinsurance		
<i>In-Network</i>	20%	20%
<i>Out-of-Network</i>	40%	40%
<i>In-Network</i> OOP Max (includes deductible)	\$3,600/\$10,800	\$3,550/\$7,100
<i>Out-of-Network</i>	\$10,800/\$21,600	\$7,100/\$14,200
Lifetime Maximum Benefit	Unlimited	Unlimited
MyClinic		
Preventive Care Services	Free	Free
Sick Visit	Free	\$25
Prescriptions	FREE	\$4
Physician Services		
Office Visits (PCP/Specialist)	\$25/\$40	20% after ded.
Preventative Care	Covered at 100%	Covered at 100%
Allergy Injection (by non-physician)	Covered at 100%	20% after ded.
Surgery	20% after ded.	20% after ded.
Hospital/Facility		
Inpatient/Out Patient Hospital	20% after ded.	20% after ded.
Emergency Room	\$225 copay then 20% after ded	20% after ded.
Urgent Care	\$25	20% after ded.
Prescription Drugs (Retail): See page 20 for verifying covered prescriptions.		
Generic Preventive (see pg. 20)	100%	100%
Retail Generic	\$10	20% after ded.
Retail Preferred Brand	20% \$25 min, \$75 max	20% after ded.
Retail Non-Preferred Brand	40% \$50 min, \$100 max	20% after ded.

NEW HIRES

Employees hired after January 1, 2017,
are only eligible for the HSA plan.



Medical Plan Opt Out/Waive

If you have other group coverage and do not want to participate in the County's medical plan for 2019, you may choose to opt out/waive and receive a one time cash award of \$400 (grossed up to \$540) added to your paycheck. The opt out/waive status will remain in effect the entire year unless you have a qualifying family status change. Employees hired during the year receive a prorated cash award. **Mecklenburg County reserves the right to request proof of coverage of other medical coverage at any time.**

*Routine eye exams are no longer covered by the medical plans

Your Employee Wellness Program!



Mecklenburg County is committed to employee health. The myTotalHealth Employee Wellness program is designed to offer programs and services that promote health and well-being. There are Wellness Ambassadors in each department to help you get connected to the program.

The myTotalHealth Wellness program is here to help you reach and maintain optimal health. Our goal is to provide you the tools and resources you achieve need to achieve your health and wellness goals. For more information and to access the myTotalHealth webpage, look for this badge on MeckWeb.



ONSITE HEALTH AND WELLNESS CLASSES

Learn new ways to stay healthy and well at work and at home with our onsite educational classes and workshops. We offer classes on various health and wellness topics such as healthy cooking, stress management, financial wellness, physical fitness and so much more.

HEALTH CHALLENGES

Health Challenges are a great way to keep your health a priority! Our fun-filled team challenges are both lifestyle and activity based. We offer both individual and team challenges to keep you on track. Everyone is a winner when it comes to good health!

ACCESS TO ONSITE AND PARK AND RECREATION FITNESS CENTERS

County employees have **FREE** access to all Park and Recreation Fitness Centers. In addition, aquatic centers and out-door pools are offered at a discounted rate to employees and families. Visit the MeckWeb main page and click on the “myTotalHealth” icon to find a complete list of fitness centers.

CAMP WELLNESS

All employees are encouraged to participate in this annual health fair. You will have the opportunity to speak with your benefit providers, learn about new ways to stay well and receive the latest updates regarding your employee benefits.

WELLNESS INCENTIVE



Save **\$600 annually** by completing the following wellness activities:

Health Risk Assessment: **DUE BY SEPTEMBER 30, 2019**

This questionnaire will assess risk of illness or injury based on lifestyle behaviors. Complete the HRA through the OurHealth portal at www.member.ourhealth.org

Biometric Screening: **DUE BY JULY 31, 2019**

You can obtain a biometric screening by going to one of the following:

1. Primary Physician (Form is on Meckweb)
2. OurHealth MyClinics: To schedule your free appointment at an OurHealth MyClinic location, visit member.ourhealth.org or call 980-202-6526.

Health Coaching: **Must be enrolled by August 15, 2019**

Health coaching is only required for those who do not meet at least 2 of the 4 targets below.

Measure	Target
BMI	Less than 30
-or-	Less than 35 for women
Waist Circumference	Less than 40 for men
Blood Pressure	Less than 130/80
TC/HDL Ratio	Less than 3.5
A1c	Less than 5.7

Wellness Contact Information:

mytotalhealth@mecklenburgcountync.gov



OurHealth Services Overview.

Who is OurHealth?

OurHealth is an independent provider of primary care clinics. Mecklenburg County has partnered with OurHealth to provide access to near-site primary care clinics, offering services such as primary care, illness and injury care, labs, medication dispensing, and wellness services.

This means:

- Convenient access to quality healthcare
- Affordable provider visits
- Patient-centered experience

When can I start using OurHealth?

Full access for eligible Mecklenburg County employees and covered family members begins January 2, 2019.

Who is eligible to use OurHealth?

To utilize OurHealth services you must be enrolled in a county medical plan as a:

- County employee
- Library employee
- Non-medicare retiree
- Spouse
- Dependent (ages 3+)

Adult Care

- Ages 16+
- Preventive care
- Care of colds/flu, minor injuries, rashes, wound care, etc.

Pediatric Care*

- Ages 3-15
- Minor illness and injuries: cuts, bumps, bruises, sprains
- Sports and camp physicals

Wellness Services

- Annual exams/physicals
- Health coaching
- Tobacco cessation
- Diabetes management
- Biometric screening

Medications

- 140+ common medications dispensed onsite or delivered to your home
- Prescriptions filled onsite

General Labs

- Onsite general blood and urine labs
- Outside lab orders allowed from other providers

Online Tools

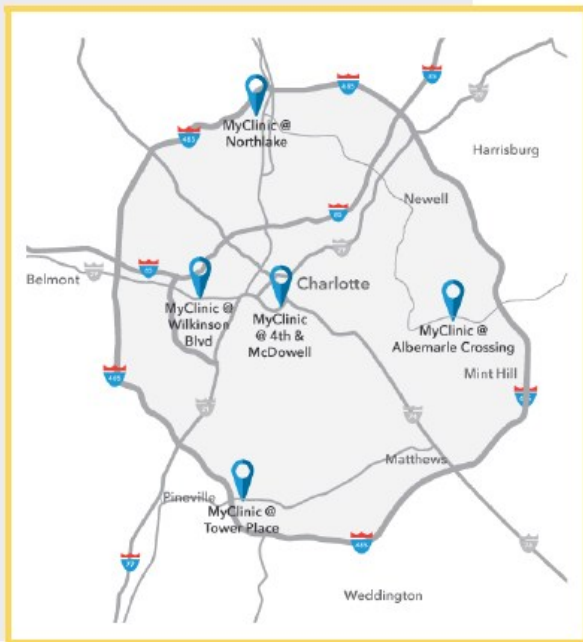
- Schedule appointments online
- Access lab test results
- Find clinic locations and hours
- Learn more about your providers
- Health risk assessment

*OurHealth is not a pediatric practice and does not offer well checkups, routine physicals, chronic disease management, or immunizations for children under 16.

How do I register for OurHealth services?

To register your account, visit the OurHealth Patient Portal at member.ourhealth.org or call (980) 202-6526 or (866) 451-3467 toll-free.

MyClinic Locations & Hours.



MyClinic @ 4th and McDowell

901 E. 4th St., Ste D
Charlotte, NC 28204
Mon-Th: 7:00AM - 5:00PM
Fri: 7:00AM - 12:00PM

MyClinic @ Wilkinson Blvd

4000 Wilkinson Blvd., Ste A
Charlotte, NC 28208
Mon-Fri: 8:00AM - 5:00PM

MyClinic @ Albemarle Crossing

9020 Albemarle Rd., Ste E
Charlotte, NC 28227
Mon-Fri: 8:00AM - 5:00PM

MyClinic @ Tower Place

8700 Pineville Matthews Rd.,
Ste 350
Charlotte, NC 28226
Mon-Th: 10:00AM - 7:00PM
Fri: 10:00AM - 5:00PM

MyClinic @ Northlake

10216 Perimeter Pkwy., Unit C
Charlotte, NC 28216
Mon-Fri: 8:00AM - 6:00PM
Sat: 8:00AM - 12:00PM



For more information, or to
register your account, visit
member.ourhealth.org.

Or contact OurHealth's Member
Relations Team at (866) 451-3467
or (980) 202-6526.

Bi-Weekly Rates	County's Premium	Employee		Employee & Child(ren)		Employee & Spouse		Employee & Family	
		12 Month	10 Month	12 Month	10 Month	12 Month	10 Month	12 Month	10 Month
Standard	\$8.88	\$2.21	\$2.61	\$14.26	\$16.85	\$11.59	\$13.70	\$22.80	\$26.95
Enhanced	\$14.60	\$3.62	\$4.28	\$23.42	\$27.68	\$19.04	\$22.50	\$37.45	\$44.26

Dental Plan Choices for 2019		
	Standard Plan	Enhanced Plan
Calendar Year Maximum (Class I, II, and III Expenses) (per individual)		
In-Network	\$1,000	\$1,500
Out-of-Network	\$1,000	\$1,500
Calendar Year Deductibles (Individual/Family)		
In-Network	\$75/\$225	\$50/\$150
Class I Expenses - Preventive & Diagnostic Care (In-Network/Out-of-Network)	100% /80% No Deductibles	100% /100% No Deductibles
Oral Exams		
Cleanings		
Routine X-Rays		
Fluoride Application		
Sealants		
Space Maintainers (limited to non-orthodontic treatment)		
Non-Routine X-Rays		
Emergency Care to Relieve Pain		
Histopathologic Exams		
Class II Expenses - Basic Restorative Care (In-Network/Out-of-Network)	70% /50% After Deductible	80% /80% After Deductible
Fillings		
Oral Surgery - Simple Extractions		
Oral Surgery - All Except Simple Extractions		
Surgical Extraction of Impacted Teeth		
Anesthetics		
Major Periodontics		
Minor Periodontic		
Root Canal Therapy/Endodontics		
Relines, Rebases, and Adjustments		
Repairs - Bridges, Crowns, and Inlays		
Repairs - Dentures		
Class III Expenses - Major Restorative Care (In-Network/Out-of-Network)	40% / Not Covered After Deductible	50% / 50% After Deductible
Crowns/Inlays/Onlays		
Dentures		
Bridges		
Class IV Expenses - Orthodontia (In-Network/Out-of-Network)		
Coverage for Eligible Children Only (up to age 19)	Not Covered	50% / 50% No Separate Deductible
Lifetime Maximum	Not Covered	\$1,500
Missing Tooth Provision	Teeth missing prior to coverage under the CIGNA Dental plan are not covered.	
Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed.	
Student Age	26	



PLANS

Regular fulltime employees will have two options in selecting a dental plan: the Standard or Enhanced plan. Below are just a few of the differences between the two plans:

Standard

Must go to a Network dentist
Calendar Year Maximum of \$1,000 per individual
No Orthodontic coverage

Enhanced

May go to any dentist
Calendar Year maximum of \$1,500 per individual
Orthodontic Coverage (Life time Max \$1,500 per individual)

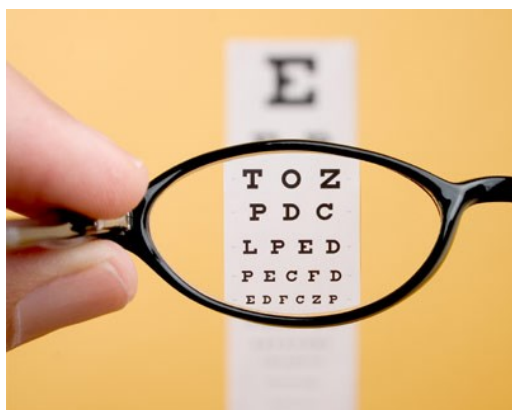
NOTE: Dental cards will NOT be issued to employees. To print a dental card or to locate a provider, please go to www.cigna.com.



Bi-Weekly Rates	Employee		Employee & Child(ren)		Employee & Spouse		Employee & Family	
	12 Month	10 Month	12 Month	10 Month	12 Month	10 Month	12 Month	10 Month
Standard	\$2.39	\$2.82	\$5.21	\$6.16	\$4.95	\$5.85	\$8.17	\$9.66
Enhanced	\$4.86	\$5.74	\$9.34	\$11.04	\$9.11	\$10.77	\$14.21	\$16.79

The County offers regular fulltime employees a choice of two voluntary vision plans for a minimal premium which provides coverage for exams, lenses, frames, contacts, etc. at reduced costs.

Note: Vision cards will NOT be issued to employees as part of this plan.



Laser Vision Benefit

UnitedHealthCare Vision has partnered with the Laser Vision Network of America to provide our members with access to discounted laser vision correction providers. 1-888-563-4497

Out of Network Reimbursement

Standard and Enhanced Plan benefits are the same.
Network copays do not apply

Up to

Comprehensive Exam \$40

Lenses

Single Vision \$40
Bifocal \$60
Trifocal \$80
Lenticular \$80

Frames \$45

Contact Lenses (in lieu of eyeglasses)

Elective \$150
*Necessary \$210

You do not need to submit a claim for In-Network benefits. However, you must submit a claim to United HealthCare Vision for benefit reimbursement for Out of Network services.

Vision Plan Choices for 2019

	Standard Plan	Enhanced Plan
Copays	<i>eye exam every 12 months</i>	
Comprehensive Exam	\$10	\$0
Materials	\$20	\$0
Contact Lenses <i>in lieu of eyeglasses</i>	<i>Contact Lenses every 12 months</i>	
Covered-in-full Contact Lenses	Contacts (including disposables), the fitting/evaluation fees, and up to two follow-up visits are covered-in-full. If covered disposable contact lenses are chosen, up to 6 boxes are included when obtained from a network provider.	
Non-Covered Contact Lenses	A \$150.00 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision covered-in-full contacts. The materials copay does not apply	
Frames	<i>Frames every 24 months</i>	
	\$50 wholesale frame allowance applied toward the wholesale cost of a frame at private practice providers, or a \$130 frame allowance applied toward the retail price of a frame at retail chain providers.	
Lenses and Lens Options	<i>The following lenses and Lens Options are Covered-in-Full every 12 months</i>	
	Standard Plan	Enhanced Plan
	Lined bifocal	Standard Plan Plus:
	Single Vision	High-End Progressives
	Round & seg.	Basic Progressives
	Lined trifocal	Super ET
	Scratch Coating	Gradient Tint
	Plastic bifocals	Photochromatic
	Plastic trifocals	Polycarbonate
		Uv & scratch guard
		Solid Tint
		Transition
		UV Coating (Glass)
		UV Coating (Plastic)
		Platinum progressive
		Premium progressive

Health Savings Accounts



What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an account that you can put money into to save for future medical expenses. HSAs allow you to pay for eligible medical expenses on a pre-tax basis. You can make contributions with pre-tax (via payroll deduction) or post-tax dollars. HSAs are offered in conjunction with a high deductible health plan.

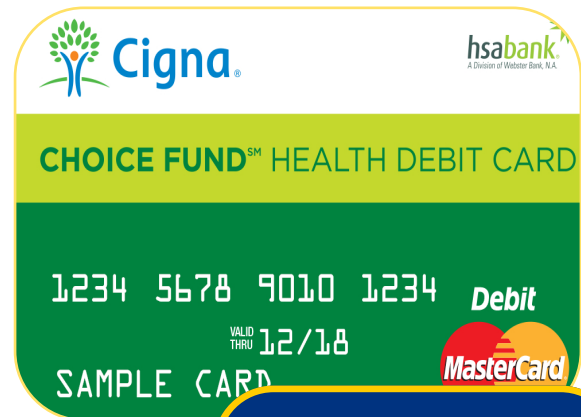
You control the money in your HSA. You can use it to pay for eligible medical expenses for you or your tax-dependent family members tax-free. Money you do not spend carries over to the next year. You can even use the money penalty-free after age 65 for any purpose you want.

Who is eligible for an HSA?

- If you are in a Consumer Driven Health Plan (County's HSA Medical Plan)
- If you are not covered by any other health plan including Medicare, TRICARE, or TRICARE for Life
- If you have not received VA benefits within the past 3 months
- If you are not claimed as a dependent on someone else's tax return
- If you are not covered by a **Health Care Spending Account (FSA)**

What are the benefits of an HSA?

- Account ownership—You own your account. You can use it, invest it, save it and move it as you see fit.
- Portability—Accounts are completely portable, meaning you can keep your HSA even if you:
 - Change jobs or retire
 - Change medical coverage
 - Become unemployed
 - Move to another state
 - Change your marital status
- Money can be used to pay for out of pocket IRS-qualified medical expenses. For a list of qualified expenses, please refer to Section 213(d) of the Internal Revenue code or visit **Cigna.com**.



HOW DO I USE MY HSA CARD?

2019 CONTRIBUTION LIMITS

- Individual - \$3,500
 - Family - \$7,000
- Individuals age 55 and older can contribute an additional \$1,000 per year "catch-up" contribution.

Use your debit card, checkbook, auto pay, or online bill pay for any out of pocket health care expenses.



When you have questions, we've got answers!

Cigna offers you live customer service 24 hours a day, seven days a week, 365 days a year – that includes weekends and holidays. Call 1-800-244-6224.

Flexible Spending Accounts

What is a Flexible Spending Account (FSA)?

FSA is a pre-tax program to help reduce health care and dependent care out-of-pocket expenses.

- **Health Care Spending Account** is for regular fulltime employees and eligible dependent healthcare expenses not covered by insurance like co-pays, deductibles, prescriptions, dental or vision care. You may contribute a minimum of \$260.00 up to a maximum of \$2650.00 per year.

Note: Employees enrolled in the County's HSA plan cannot enroll in the health care spending account.

- **Dependent Care Account** is for regular fulltime employees for dependent care expenses for a child under the age of 13 or a disabled spouse or dependent. If you are married, you can use this account if you and your spouse both work, are looking for work, or, in some situations, if your spouse is a full-time student. You may contribute a minimum of \$260.00 to a maximum of \$5000.00 per year.
- **Commuter Reimbursement Account (CRA)** is for regular full-time employees for transit (bus, rail, vanpool) expenses. You can use this account to purchase CATS bus, rail or vanpool passes. You may contribute up to \$255/month and you may withdraw up to \$255/month. Remaining balance will roll over from month to month. Deductions may be started and stopped at any time.

Visit www.flex125.com for a complete list of eligible expenses.

How do I contribute to my FSA?

Once you make your annual election, the amount will be deducted from your pay in equal amounts throughout the year, before taxes are deducted.



How do I get reimbursed?

A Flex Debit Card will be issued to

you and you may use your card to be reimbursed for eligible expenses and the funds will be automatically deducted from your Spending Account. OR simply pay for the eligible expenses and then fax or mail a timely reimbursement request and receipt to be processed. Forms are available on Meck-Web intranet site.

AMERIFLEX
BUSINESS SOLUTIONS

*Annual Savings Example:

	With FSA Account	Without Account
Annual Salary	35,000	35,000
Pre-tax Contribution	1,500	
Taxable income	33,500	35,000
Federal and State Taxes	(7,107)	(7,597)
After-Tax dollars spent on eligible expenses	0	1,500
Spendable income	26,393	25,903
Tax Savings with an FSA	490	

***Sample tax savings for a single taxpayer with no dependents. Actual savings will vary based on your individual tax situation. Please consult a tax professional for more information.**

Important Note:

You may claim expenses incurred from January 1, 2019 through March 15, 2020. Unused funds are forfeited and will not be returned to you. Claims must be filed by April 15, 2020 for reimbursement. Claims filed after April 15, 2020 will be denied.

How do I contact AmeriFlex?

Mailing Address:

AmeriFlex
700 East Gate Drive, Suite 510
Mount Laurel, New Jersey 08054

phone: 1-888-868-3539

fax: 1-888-631-1038

or visit them on the web at:

www.flex125.com

Introducing Cigna Telehealth Connection.



Choice is good. More choice is even better.

Now Cigna provides access to **two** telehealth services as part of your medical plan – **AmWell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: AmWell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both AmWell and MDLIVE, you can speak with a doctor for help with:

- › sore throat
- › fever
- › rash
- › headache
- › cold and flu
- › acne
- › stomachache
- › allergies
- › UTIs and more

The cost savings are clear.

Televisits with AmWell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

Choose with confidence.

AmWell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

Register for one or both today so you'll be ready to use a telehealth service when and where you need it.

AmWellforCigna.com*

855-667-9722

MDLIVEforCigna.com*

888-726-3171



AmWell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna Behavioral Health** network of providers.

- › Go to **Cignabehavioral.com** to search for a video telehealth specialist
- › Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Signing up is easy!



Set up and create an account with one or both AmWell and MDLIVE



Complete a medical history using their "virtual clipboard"



Download vendor apps to your smartphone/mobile device**

Savings and Retirement

NC Retirement System

Mecklenburg County regular full-time and part-time employees are automatically enrolled into the North Carolina Local Government Retirement System upon employment. Employees contribute 6% of gross wage and are vested after 5 years of service.



529 COLLEGE SAVINGS PLAN

North Carolina 529 College Savings Plan

Employees can save for college through payroll deduction with the NC 529 College Savings Plan. The plan offers a wide range of investment options from conservative to aggressive. Investments can be used to any college for qualified educational expenses such as tuition, books, and room and board.

To enroll in the plan, contact the College Foundation of North Carolina (CFNC) toll free at 800-600-3453 or visit www.NC529.org. Once you have enrolled and selected the payroll deduction option a representative from CFNC will contact the County to advise that you've requested that your contributions be payroll deducted.

401(K) AND 457 MATCHING PLANS

Mecklenburg County offers a match to regular full-time and part-time non-sworn employees who participate in the 401(k) and/or 457 supplemental retirement plans. The match is currently:

- Dollar for Dollar Match up to 5%
- 100% Vested Immediately
- No Waiting Period for Participation



Employees are able to choose to contribute either pre-tax or after-tax Roth. The County Match is always contributed on a pre-tax basis. The 5% matching funds from the County apply to employee contributions in any one or a combination of plans for a total of 5%.

The NC 401(k) plan is administered by Prudential Retirement.

The Choice of 457 plans offered through the County

- IMCA-Retirement Corporation 457 plan.
- NC 457 plan administered by Prudential Retirement.

All sworn LEO's will automatically receive the State mandated 5% employer contribution to the NC 401(k).

Changes can be made to your plans at any time, so start small and increase when you can. Enrolling is fast and easy and the plans work hard to make the investing simple. Local, personal help is available to all County employees.



457 Plan ICMA-RC
Client Services: 800.669.7400

Daisy Jones
djones@icmarc.org
866.266.7310

www.icmarc.org/selfenroll
Plan Number: 300354



NC 401(k) Plan and NC 457 Plan
Client Services: 866-627-5267

Jodie Musselwhite
Jodie.musselwhite@prudential.com

www.ncplans.prudential.com



NC Retirement System
877-627-3287

www.myNCretirement.com

Life and Disability Benefits

Basic Term Life Insurance

Regular fulltime employees are automatically covered with basic term life insurance in the amount equal to their annual salary. Dependent/Spouse coverage of \$10,000 is available.

Supplemental Term Life Insurance

The County offers fulltime employees the opportunity to purchase up to six (6) times their annual salary (or up to \$1,000,000) in supplemental term life insurance. Proof of good health is not required if requested coverage does not exceed four (4) times the annual salary or \$300,000 and if enrollment begins immediately upon eligibility. The policy includes an accelerated death benefit for those with terminal illnesses as well as Accidental Death and Dismemberment (AD&D) benefits. Rates are based on age, smoking habits, and amount of insurance requested.

Short Term Disability

This benefit is provided to assist a fulltime employee who is disabled due to a non-work related illness or accident. Sixty percent of the employee's weekly earnings will be paid for up to 26 weeks, after a 25-day waiting period. Short Term Disability begins 90 days after employment and excludes pre-existing conditions.

Long Term Disability

Long Term disability replaces 40% of a fulltime employee's salary for up to 5 years should he or she become disabled. This benefit is provided by the County for regular employees who have less than 5 years of service with the County. Employees with 5 or more years will refer to the NC Retirement System plan for benefits. Employees can also purchase an additional 20% of coverage. Restrictions apply.



Voluntary Critical Care Benefit

What is Group Critical Care and how does it work?

Group Critical Care is designed to provide employees with additional financial protection to help them with the medical and non-medical costs of a specified disease. The plan pays a lump sum benefit after a covered illness or cancer is diagnosed. You can also choose to add an optional cancer benefit that pays a monthly benefit for extended treatment of cancer (internal or invasive cancer or carcinoma in situ).

It's innovative

It's there when you need it. Not only will it pay multiple times for multiple conditions, it offers an additional benefit for extended treatment and care of cancer.

It's not complicated

The plan pays lump sum benefits upon diagnosis of a covered critical illness or cancer (internal, invasive or carcinoma in situ).

It's flexible

You choose the face amount.

It's accessible

Guarantee Issue coverage is available.

It's compliant

This plan can be used along with your Health Savings Accounts.

Critical Illnesses Paid at 100%

- Heart Attack (Myocardial Infarction)
- Stroke
- Major Organ Failure
- End Stage Renal (Kidney) Failure
- Permanent Paralysis due to covered Accident
- Coma
- Blindness
- Occupational Infectious HIV or Occupational Infectious Hepatitis B, C, or D

Enhanced Wellness Benefit:

\$100 payable once per plan year per covered person for screening tests such as:

- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL & LDL
- Stress test on a bicycle or treadmill
- Electrocardiogram (ECG/EKG)
- Echocardiogram (ECHO)

Frequently Asked Questions

How are my benefits paid?

Benefits are paid directly to you, unless you specify otherwise. Benefits are paid regardless of any other coverage you may have with other insurance companies.

What if I change employers?

Benefits are portable. If you change jobs or retire, you can take your coverage with you at no increase in premium.

How do I file a claim?

Wellness claims may be filed over the phone. Simply call our Policyholder Service Center at 1.800.325.4368. For all other types of claims, visit colonial-life.com for additional information.

Regular fulltime employees interested in obtaining more information or enrolling in this Voluntary Medical Bridge plan should call the Employee Services Center at (704) 432-6947.

Voluntary Accident Benefit

Accidents happen in places where you and your family spend the most time; at work, in the home and on the playground and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car Accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

What additional features are included?

- Worldwide coverage
- Portable

Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premium when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

Regular fulltime employees interested in obtaining more information or enrolling in this Voluntary Accident plan should call the Employee Services Center at (704) 432-6947.

Voluntary Cancer Benefit

The risk of developing cancer, unfortunately, is very real. In the United States, according to the American Cancer Society, 1 in 2 men and 1 in 3 women have a lifetime risk of developing cancer. 62% of the costs associated with cancer treatment are now considered out-of-pocket expenses not covered by your major medical insurance.

If you are diagnosed with cancer, how will you pay for what your health insurance won't?

Direct Costs Most Major Medical Plans Cover:

- Hospital charges
- Surgeon fees
- Physician Fees
- Medication & drug costs
- Radiological fees
- Nursing costs

Only 38% of cost covered

Indirect Costs You Pay:

- Loss of wages or salary
- Deductibles or coinsurance
- Travel expenses to/from treatment centers
- Lodging and meals
- Child care

You cover 62% of costs

What does the Cancer Plan cover?

The Cancer Plan pays for a variety of inpatient or outpatient benefits related to cancer treatment including, but not limited to:

- Hospital confinement
- Ambulance
- Air ambulance
- Private, full-time nursing services

Other inpatient and outpatient treatment benefits include a variety of other items such as those listed below:

- Radiation/chemotherapy
- Anti-nausea medication
- Experimental treatments
- Blood / Plasma / Platelets / Immunoglobulin
- Hair prosthesis / External breast / Voice box prosthesis
- Medical imaging studies
- Peripheral stem cell transplant
- Supportive / Protective care drugs and colony simulating factors
- Bone marrow stem cell transplant.

The Cancer Plan covers items you may not typically think of.

Oftentimes, there are costs associated with cancer treatment that you may not typically consider. Those costs listed below are covered under the Cancer Plan.

- Travel expenses
- Companion transportation and lodging
- Surgical procedures including skin cancer
- Second medical opinions
- Anesthesia
- Prosthetic or artificial limbs
- Outpatient surgical center
- Reconstructive surgery

With the Cancer Plan, premiums are TAX-FREE so you will receive an average savings of 30%.

Wellness Benefit:

Under the cancer plan, each covered individual can receive reimbursement for up to \$125.00 once per calendar year for a cancer or wellness screening.

The screenings include, but are not limited to:

- Chest x-ray
- Pap smear
- Mammography
- Breast ultrasound
- PSA - blood test for prostate cancer
- Biopsy of skin lesion
- Colonoscopy

What else does the cancer benefit include?

The cancer plan also offers extended care benefits such as coverage for:

- Skilled nursing care facility
- Family care
- Hospice
- Home health care service
- Waiver of Premium

Regular fulltime employees interested in obtaining more information or enrolling in this Voluntary Cancer plan should call the Employee Services Center at (704) 432-6947.

Voluntary Medical Bridge Benefit

How will you cover all of your medical expenses?

Medical Bridge, is designed to fill the gaps in your health insurance and help protect against those out-of-pocket expenses, including deductibles and co-pays, that occur when it comes to you or your family members' healthcare. This plan is a Health Savings Account (HSA) - compliant plan. This plan may also be offered to employees who do not have an HSA.

What is Medical Bridge and how does it work?

The Medical Bridge Plan helps to "bridge the gaps" in your health insurance.

Some of the Benefits Include:

- Hospital Confinement
- Observation Room
- Rehabilitation Unit Confinement
- Waiver of Premium
- Health Screening

Medical Treatment Package Includes:

- Air Ambulance
- Ambulance
- Appliance
- Doctor's Office Visit
- Emergency Room Visit
- X-Ray

Optional Riders Include:

- Daily Hospital Confinement
- Enhanced Intensive Care Unit Confinement

Enhanced Wellness Benefit:

This benefit helps reimburse you for part of the expense of tests you normally have each year. The Medical Bridge Plan pays **\$100** once per plan year per covered person for 24 health screening test such as:

- Blood test for triglycerides
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy or virtual colonoscopy
- Fasting blood glucose
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear of thin prep pap
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Serum cholesterol test for HDL & LDL
- Stress test on a bicycle or treadmill
- Thermography

With the Medical Bridge Plan, premiums are TAX-FREE and family coverage is available.

Frequently Asked Questions

How are my benefits paid?

Benefits are paid directly to you, unless you specify otherwise. Benefits are paid regardless of any other coverage you may have with other insurance companies.

What if I change employers?

Benefits are portable. If you change jobs or retire, you can take your coverage with you at no increase in premium.

How do I file a claim?

Wellness claims may be filed over the phone. Simply call our Policyholder Service Center at 1.800.325.4368. For all other types of claims, visit coloniallife.com for additional information.

Regular fulltime employees interested in obtaining more information or enrolling in this Voluntary Medical Bridge Plan should call the Employee Services Center at (704) 432-6947.

Employee Assistance Program

What is an EAP?

Your Employee Assistance Program (EAP) provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities.

How Does it Work?

A Care Coordinator will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator then becomes your personal point of contact and will keep in touch to ensure you achieve your desired outcomes.

What is Included?

You and your household members can receive **6 short-term problem resolution sessions** (which include assessment, follow-up and referral services) per issue, per year.

Program Feature:

- Services are available 24-hours a day, 7-days a week via a toll-free number.
- This program is a free benefit provided and paid for by your employer.
- BHS adheres to federal and state privacy laws and holds client information in the strictest of confidence. Information about a client's problem cannot be released without the written permission of that individual.

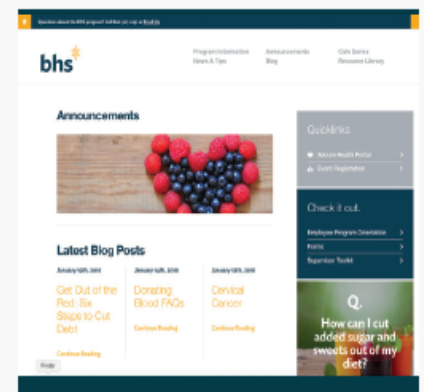
MyBHS Portal

MyBHS Portal contains a variety of resources to help improve your overall well-being, including articles, videos, health assessments, quizzes and interactive tools.

You can view program announcements, access Live Chat, read monthly newsletters and tip sheets, register for events, participate in regularly scheduled webcasts and more.

For your convenience, the BHS Online Portal also provides Locators for Childcare and Eldercare services. Locators allows you to search for childcare and eldercare resources in your geographic area by entering the city, state and zip code. Locators can be provided for adoption, child care, education, eldercare, parenting and other related topics.

Online self-paced trainings are also provided on the BHS Online Portal. These courses can be taken anywhere, anytime, with tools that allow you to pause and revisit material at your pace. Trainings are focused on areas of personal growth and productivity. Each course concludes with a customized certificate.



Browse through resources including articles, videos, health assessment tools, quizzes and interactive tools. Access MyBHS at:

www.BHSONline.com
username: **MECKCO**

Work-Life Services



CHILDCARE

BHS provides up-to-date, carefully screened, national resources and referrals for a range of childcare needs including:

- Adoption and Special Needs
- Before and After School Programs
- Emergency and Back-Up Care
- Family Daycare and Group Homes
- Nanny and Au Pair Services
- Nurseries and Preschools
- Summer Camps



ELDERCARE

BHS provides up-to-date, national resources and referrals for a range of eldercare needs including:

- Home-Based Services: Nutrition, Meals on Wheels, Cleaning and Repair
- Housing: Retirement Communities, Subsidized Housing
- In-Home Care: Medical and Nursing Rehabilitation Services
- Inpatient Services: Nursing Homes, Intermediate Care Facilities, Respite Care and Assisted Living Facilities
- Older Adult Services: Support/ Advocacy Groups, Volunteer Opportunities and Adult Day Care
- Transportation Services



LEGAL

Through BHS, you and your household members can access qualified attorneys to discuss legal matters. An unlimited number of telephonic legal consultations are available to you and each member of your household per problem episode, per year. Should further legal representation be necessary, you will be connected to a local, pre-screened and appropriately credentialed attorney at a discounted rate. **Legal matters commonly addressed under the program include:**

- Business Matters
- Criminal Charges
- Domestic and Family Matters
- IRS Matters
- Landlord and Tenant Disputes
- Motor Vehicle Violations
- Real Estate Concerns



FINANCIAL

The EAP provides unlimited telephonic financial consultation, information and education to you and your household members per problem, per year. Should you or your household member need further financial consultation, you will be connected to a local advisor and/ or community resource at a discounted rate. **Typical financial matters include:**

- Budgeting
- College Funding
- Credit Counseling
- Debt Management and Consolidation
- Retirement Funding
- Tax Planning and Preparation

Contact Your EAP

Help is just a phone call away.
Simply call BHS' toll-free number:

800-327-2251



Holidays and Leave

Holidays (11 Annually—Regular Fulltime Employees)

New Year's Day	Veterans Day
MLK's Birthday	Thanksgiving Day
Good Friday	Friday after Thanksgiving
Memorial Day	Christmas Day
*Independence Day	One other day @ Christmas
Labor Day	

**12 Month Employees only*

Bereavement Leave

Mecklenburg County allows time away from work for the death of an immediate family member. Regular fulltime employees may take up to 24 consecutive work hours paid leave.

Leaves of Absences

There are specific types of absences which may be approved as periods of time away from work. Mecklenburg County recognizes the following types of leave. Restrictions apply.

- Administrative Leave – unpaid up to 30 days
- Military Caregiver Leave – unpaid up to 26 work weeks
- Extended Medical Leave – unpaid up to 52 work weeks
- Extended Family Leave – unpaid up to 52 work weeks
- Military Leave
- Disaster Response Leave
- Family/Medical Leave – unpaid up to 12 work weeks
- *Paid Family Leave— paid up to 6 weeks

*Full-time benefits eligible employees eligible for family medical leave as defined by FMLA excluding intermittent and employee only.

Sick Leave (12 days annually)

For regular fulltime and part time employees, sick leave is accrued on a bi-weekly basis at a rate of 0.04615 hours (12 days annually) for each regularly scheduled hour worked. There is no maximum accrual limit.

Sick Leave Donation: In long-term medical situations, employees may donate sick leave to other employees subject to certain conditions.



Vacation Leave

For regular fulltime and part time employees, vacation leave begins accruing on the first day of employment. The accrual rate is based upon years of service. Employees who do not use sick leave or leave without pay for 7 consecutive pay periods earn an additional 4 hours of vacation.

Vacation Accrual Rate

Years of Service	Days per Year	
	12 Month	10 Month
0-1	10	8.5
2-4	12	10.2
5-9	15	12.7
10-14	18	15.2
15-19	21	17.8
20+	24	20.3

At the end of each calendar year, employees may carry a maximum of 30 days vacation into the New Year, and any excess leave over 30 days will be rolled into the employee's accumulated sick leave balance.




Are my prescriptions covered?

For the latest drug list and to determine if your prescriptions are covered under the pharmacy plan, please follow the steps below:


Step 1: Visit the myTotalHealth Webpage on MeckWeb and click Cigna's Value Prescription Drug Formulary at the top homepage and select Value 3 Tier.

2019 Cigna Drug List



1. Select a drug list from the drop down menu below
2. Then search by drug name or view the entire list

You can also view the current Cigna drug lists.



PRESCRIPTION DRUG LIST

Choose a drug list to view the medications that are commonly covered.

- If you're a Cigna customer, please [log in to the myCigna™ website](#) and use the [Drug Cost Tool](#) to see the medications your plan covers.
- If you're a Cigna provider, please [log in to the Cigna for Health Care Professionals website](#) and search for specific patients to view their covered medications.

SELECT A DRUG LIST

Select Drug List

Advantage 3 Tier

Performance 3 Tier


Standard 3 Tier

Value 3 Tier

Legacy 3 Tier

Advantage 3 Tier (w/o DRT)

Value 3 Tier (w/o DRT)



I want to...


Resources

Other Cigna Websites

About Cigna

Feedback

Step 2: Type in the name of your prescription to view for the latest information regarding your coverage.



PRESCRIPTION DRUG LIST

Choose a drug list to view the medications that are commonly covered.

- If you're a Cigna customer, please [log in to the myCigna™ website](#) and use the [Drug Cost Tool](#) to see the medications your plan covers.
- If you're a Cigna provider, please [log in to the Cigna for Health Care Professionals website](#) and search for specific patients to view their covered medications.

SELECT A DRUG LIST

Value 3 Tier

Date Created

10/1/2011

Last Update

6/1/2018


Scheduled Update

7/1/2018

CHOOSE A SEARCH METHOD

Enter a Prescription Drug Name:

OR


View A-Z/0-9 Drug List

SEARCH

RESET

Feedback

If you have any questions please call the toll-free number on the back of your Cigna ID card.

You need to Know

Coverage for Eligible Family Members

County employees may cover eligible family members by paying a bi-weekly payroll deducted premium. Eligible family members include:

- Your legally married spouse
- Your biological, foster, adopted or step-child/ren up to age 26, a disabled dependent child over age 26.

To comply with the Affordable Care Act reporting, we require dependent social security numbers be provided for dependents covered by our insurance plans.

Mecklenburg County participates in an ongoing dependent verification process. Employees covering dependents will be asked to provide verification documentation.

Do you have a change in your Family and/or Financial Situation?

Family Status Change

It is the employee's responsibility to advise the Employee Services Center within 31 days of a qualifying family status change (birth/adoption, marriage/divorce, graduation of child, death, etc) if a dependent needs to be dropped or added. After the 31 day period, no dependents can be added or dropped. Premium refunds will not be made and coverage will end as soon as the dependent becomes ineligible for coverage. See Forms and Information in this brochure for contacting the Employee Services Center.

What types of changes can I make throughout the year?

- ◆ Add or drop dependent coverage, based on a qualifying event (such as marriage, birth of a child or dependent has reached maximum age).
- ◆ Change or update your life insurance beneficiary information.
- ◆ Enroll or change participation level in the 401K or 457 Defined Contribution Plan.
- ◆ Enroll or change participation in the NC529 College Savings Plan.

Need More Information?

Benefit forms and information are available to County employees on the intranet (MeckWeb). Customer Service is available by phone at our Employee Services Center at (704) 432-6947 and by email at myHR@mecklenburgcountync.gov.



Mecklenburg County Employee Benefits

STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY AND AMERICANS WITH DISABILITIES ACT

It is the policy of the County to provide equal employment opportunity without regard to race, color, religion, sex, sexual orientation, genetic information, political affiliation, age, disability, national origin, or other status protected by federal, state or local law.

Discrimination against any person in the recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of race, color, religion, sex, sexual orientation, genetic information, political affiliation, age, disability, national origin, or other status protected by federal, state or local law is prohibited.

Discrimination on the basis of age, sex, or physical disability is prohibited except where age, sex, or disability requirements constitute a bona fide occupational qualification necessary for performance of the essential functions of a job.

The County will comply with the Americans with Disabilities Act (ADA) which prohibits discrimination on the basis of a disability. The County will make reasonable accommodations upon requests of otherwise qualified disabled applicants and employees to enable them to perform essential job functions except where such accommodations may constitute an unreasonable hardship or jeopardize the health and safety of employees, applicants or the general public.

The employee benefits program is administered by Mecklenburg County
Human Resources Department
700 East 4th Street
Charlotte, NC 28202

Employees Services Center:
(704) 432-6947 phone
(704) 336-2731 fax
www.charmeck.org

For additional information about any benefits described in this brochure, please consult Mecklenburg County policies, the applicable summary plan description (SPD), or the actual plan. In the event that there is any conflict between the information in this brochure, the SPD, the policies, and/or a plan, the plan document always governs.

Participation in any of the County's benefit plans does not create and should not be viewed as a contract of employment. While Mecklenburg County intends to provide these benefits for an indefinite period of time, it reserves the right to terminate, suspend, withdraw, amend, or modify a plan at any time. Any such change or termination of benefits will be based solely on the decision of the County.

IMPORTANT NOTICES

Rate Notice for 10 Month Employees

In order to provide continuous medical coverage for 10 month staff, the County deducts additional amounts in the 10 months (22 pay periods) worked to cover the approximate 2 months in the summer (4 pay periods) in which staff do not receive a paycheck and are not paying premiums.